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2010 DEC -6 AM 11: 58

FEC MAIL CENTER

FEC FORM 1

STATEMENT OF **ORGANIZATION**

| | | | Off | ice Use Only |
|----------------------------------|-----------------------------------|---|----------------------|------------------------------|
| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | . : |
| THE CENTER | | | 1111 | |
| <u> </u> | | | | |
| ADDRESS (number and street) | 2500 046 1 | 1136RTY PL | ALGELLI | |
| √ (Check if address) | 116519 MARKE | FITI ISITIEIEIGITI | | |
| is changed) | PINILADELPIN | <u>III A III III II II II II II II II II II</u> | PA | 31103- |
| | CI | TY | STATE | ZIP CODE |
| COMMITTEE'S E-MAIL ADDRE | SS (Please provide only one e-m | ail address) | | |
| (Check if address) | linfo Other | initieiripiaci.ic | 1014 1 1 1 | |
| is changed) | | | | |
| COMMITTEE'S WEB PAGE AD | DRESS (URL) | | | |
| (Check if address | Www. thece | heceinitieripiacicom | | |
| is changed) | | | | |
| 2. DATE 1 2 | 9 2010 | | | |
| 3. FEC IDENTIFICATION N | UMBER C 0 0 | 9488585 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | X AMENDED (A) | | |
| I certify that I have examined t | his Statement and to the best o | | is true, correct and | complete. |
| Type or Print Name of Treasure | or Alex Braden | | | |
| Signature of Treasurer | Alex Braden Olep Brace | | Date li li ' | 29 2010 |
| NOTE: Submission of false, erron | eous, or incomplete information m | | | penalties of 2 U.S.C. §437g. |
| Office Use | | For further Information of Federal Election Commission Toll Free 800-424-9530 | | FEC FORM 1 (Revised 02/2009) |

5.

| | | COMMITTEE Ce Committae: |
|--------------|-----------------------|--|
| (a) | | This committee is a principal campaign committee. (Complete the candidate information below.) |
| (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) |
| Nam Cano | e of didate | |
| | didate / Affiliati | Office State on Sought: House Senate President District |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| Name Cano | e of didate | |
| Par | ty Con | nmittee: |
| (d) | | (National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party. |
| Poli | tical A | action Committee (PAC): |
| (e) | : | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: |
| | | Corporation Corporation w/o Capital Stock Labor Organization |
| | | Membership Organization Trade Association Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. |
| (f) | X | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) |
| | | In addition, this committee is a Lobbyist/Registrant PAC. |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) |
| Join | t Fund | draising Representative: |
| (g) | : | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. |
| (h) | : * | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. |
| | Com | nmittees Participating in Joint Fundraiser |
| | 1. | |
| | 2. | |
| | 3. | |
| | 4 | |

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|-------------|--|---|-------------------------|
| ٧ | Vrite or Type Committee Nan | ne | |
| | Name of Any Connected | Organization, Affiliated Committee, Joint Fundralsing Representative, or Leade | ership PAC Sponsor |
| ı | 1 1 1 1 1 1 | | |
| | 111111111 | | |
| _ | Mailing Address | | |
| | Mailing Address | | |
| | | | |
| | | CITY STATE | ZIP CODE |
| | Palatianskin, Cannast | ed Organization Affiliated Committee Joint Fundraising Representative | Londorship BAC Spanner |
| | Relationship: Connect | ed Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| 7. | Custodian of Records: Ide books and records. | entify by name, address (phone number optional) and position of the person in | possession of committee |
| | Full Name | | |
| | Mailing Address | | |
| | | | |
| | | | |
| | Title or Position | CITY STATE | ZIP CODE |
| | | Telephone number | |
| 8. | Treasurer: List the name a any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer). | name and address of |
| | Full Name of Treasurer | X BRADEN | |
| | Mailing Address | 2500 0 0 NIG LIBERTY PLACE | |
| | | 1 bisia MARKET STREET | |
| | | PHILLADELPHILA PA 119 | 1.03 - |
| | Title or Position | CITY STATE | ZIP CODE |
| | TREASURER | Telephone number Z_\S | 8,5,1,-18,1,9,1 |

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|--|---|----------------------------|--------------------------|
| | | | |
| Full Name of Designated Agent | | _ | |
| Mailing Address | | | 1 1 1 1 1 1 1 1 |
| | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 111111 | |
| | CITY | STATE | ZIP CODE |
| Title or Position | | | |
| | Telep | hone number | J- <u>L</u> |
| | | | |
| Banks or Other Dep | positories: List all banks or other depositories in which the | e committee deposits funds | s, holds accounts, rents |
| safety deposit boxes | or maintains funds. | | |
| safety deposit boxes Name of Bank, Depo | or maintains funds. | | |
| safety deposit boxes | or maintains funds. | | 1111111 |
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| safety deposit boxes Name of Bank, Depo | cor maintains funds. cository, etc. CITY cository, etc. | STATE | ZIP CODE |

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified 11/29/10 Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 10/1/11

DATE PREPARED

(2/2005)